

# NORTH CAROLINA CHILD FATALITY TASK FORCE

## Advancing evidence-driven public policy to prevent child deaths and promote child well-being

The North Carolina Child Fatality Task Force (CFTF) is a legislative study commission that examines causes of child death and makes recommendations to the Governor and General Assembly on changes in law and policy to prevent child death and maltreatment and promote the safety and well-being of children.

The CFTF is part of the broader NC Child Fatality Prevention System created by state statute in 1991. This system also has multidisciplinary teams across the state who review child deaths for the purpose of identifying and responding to gaps and deficiencies in public systems that are designed to prevent child death or maltreatment. The Task Force is the “policy arm” of this system and does not review individual cases of child deaths.

Composed of state and local agency leaders, ten state legislators, and experts in child health and safety, the 35-member CFTF is uniquely suited to report on child deaths and recommend policy issues that deserve priority attention from lawmakers and other leaders in North Carolina in order to save kids’ lives.

Task Force meetings and committee meetings occur between legislative sessions during a four to six-month study cycle during which there are 40-50 presentations by experts and leaders. These presentations and resulting discussions form the basis for the development of evidence-driven recommendations that are included in the CFTF annual report to the Governor and General Assembly.



### DATA

The CFTF examines broad data related to child deaths and injuries and also more in-depth data related to causes of death. Examples of data topics and sources include: child death and infant mortality data from the State Center for Health Statistics; suicide or firearm injury data from the NC Violent Death Reporting System; or data on sleep-related infant deaths from the Office of the Chief Medical Examiner.

### PREVENTION STRATEGIES

Subject matter experts from academia, state agencies, local or national programs present to the Task Force on evidence connected to prevention strategies, programs, laws and policies that have an impact on reducing child deaths, preventing child maltreatment, and promoting child well-being.

### ISSUES IDENTIFIED IN CHILD DEATH REVIEWS

Some issues are studied by the CFTF as a result of aggregate information or recommendations that come from teams that review child deaths.

Visit the Child Fatality Task Force website at: [www.ncleg.gov/DocumentSites/Committees/NCCFTF/Homepage/index.html](http://www.ncleg.gov/DocumentSites/Committees/NCCFTF/Homepage/index.html)



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*Our Children • Our Future • Our RESPONSIBILITY*



## Since 1991, the NORTH CAROLINA CHILD FATALITY TASK FORCE has advanced laws, funding, and initiatives addressing the following:

**Teen drivers**, including the second Graduated Driver License program enacted in the nation (but developed in NC) and subsequent improvements to the program.

**Child passenger protection:** requirements for child safety seats and strengthened penalties for violating; required rear seat restraints.

**All-terrain vehicle safety** requirements for children.

**Drug use and poisoning:** laws improving the Controlled Substances Reporting System; funding for drug take-back efforts; ban on dangerous synthetic drugs.

**Impaired driving:** making DWI with child passenger an aggravating factor; increasing fee to restore lost license with funds directed to DWI enforcement and deterrence; zero tolerance for underage drinkers who drive.

Requirements related to **smoke and carbon monoxide detectors** in rental properties.

**School bus/zone safety:** pictures as acceptable evidence for stop arm violation; felony if student killed due to illegal pass; increased fine for speeding in school zone.

**Promotion of firearm safety:** convening a diverse group to create consensus brochure on firearm safety; funding support for programs addressing access to lethal means.

**Skin cancer prevention** via prohibition of tanning bed operators allowing use by those under age 18.

**Poison prevention:** a national leader in prohibition of sale of e-liquid containers without child-resistant packaging or labeling indicating nicotine; funding support for Carolina's Poison Control Center.

**Child Protective Services caseload reductions** and improved services to abused and neglected children.

Piloting of **family preservation services and home visiting services**.

**Child Protective Services hotlines** for each county.

**Improved recognition/reporting of child maltreatment:** required reporting to law enforcement by hospitals and physicians of serious, non-accidental trauma injuries to children; initiative with Medical Board to have physicians trained in recognizing and reporting abuse and neglect.

Funding for **training for child sexual abuse investigations**. Funding for the Child Medical Evaluation Program and Child Advocacy Centers for **improved diagnosis and treatment for children who may be abused or neglected**.

Funding for the Child Treatment Program to ensure **trauma treatment for children**.

Funding for **child abuse prevention** efforts.

**Court improvements** to advance family court and to improve abuse, neglect, and adoption proceedings.

**Juvenile Code changes** to broaden the definition of dependent juvenile to enable DSS to provide services to more children who need care.

**Increased penalties to protect children:** for illegally selling a gun to a minor; for manufacturing methamphetamine where child may be endangered.

**Laws addressing child maltreatment:** strengthening of sex offender registry law; increased penalty for misdemeanor child abuse; amendments to felony child abuse law; prohibition of unlawful custody transfer of a child.

**Support for youth in trouble:** for Family Resource Centers, Wilderness Camps, and other resources.

**Funding support for more school nurses** to better address physical and mental health of students.

Funding support for **perinatal and youth tobacco cessation and prevention**.

Legislation to launch a **study of maternal and neonatal risk-appropriate care** at health care facilities across NC.

**Birth defects** monitoring and the addition of three conditions to state's newborn screening program.

Funding support for **Infant Safe Sleep** to reduce sleep-related deaths.

Funding support for folic acid and other **strategies to promote preconception health** of women and prevent birth defects.

**Support for preterm birth prevention:** funding and training to deliver the drug 17P; education in schools regarding preventable risks for preterm birth.

Funding **support to maintain high risk maternity care services** in eastern NC; funding support to implement **perinatal best practices** in hospitals.

**Support for pulse oximetry** test for newborns to screen for certain heart disease.

**Support for breastfeeding** related to workplace policies as well as implementation of Medicaid coverage of medical lactation support services.